

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014865  
STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 64

300  
1-57  
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1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pierce City Mo.</u>		c. CITY OR TOWN <u>Pierce City Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spruce St.</u>		d. STREET ADDRESS (If outside, give location) <u>Spruce St.</u>	
Length of stay in 1b <u>16 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Forbs</u> Last <u>Mitchell</u>			4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1958</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 11, 1879</u>	9. AGE (In years last birthday) <u>78</u>	10. F UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Oden Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Charolette Wadsworth</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie L. Mitchell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-36-7997</u>	17. INFORMANT <u>Minnie L. Mitchell</u>	Address <u>Pierce City Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral embolism.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
DUE TO (b) <u>Cholesterol embolism</u>		
DUE TO (c) <u>myocardial infarction</u>		<u>442X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>As the result of pneumonia.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Death occurred at <u>Sept 20 '57</u> to <u>April 9, 1958</u> and last saw him alive on <u>April 9, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Robert H. Doolittle M.D.</u>	(Degree or title)	22b. ADDRESS <u>North H. Mo.</u>	22c. DATE SIGNED <u>4-21-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Pierce City</u>	(State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Wilks Bros.</u>	ADDRESS <u>Pierce City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. P.H. Cook</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 458-96

DATE REC. 4-28-58

PS OCT 20 1960

NOV 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Edwin Wilks....., Student Embalmer No. .... working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....

P. O. Address France, Ark. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.